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AMERICAN PRACTITIONER:

A MONTHLY JOURNAL OF

MEDICINE AND SURGERY.

EDITED BY

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A MONTHLY JOURNAL OF

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THE AMERICAN PRACTITIONER.

JULY, 1873.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than any thing else.—RUSKIN.

Original Communications.

OBSERVATIONS UPON THE TREATMENT OF YELLOW FEVER.

BY JOSEPH JONES, M. D.

Professor of Chemistry and Clinical Medicine in the Medical Department of the University of Louisiana; Visiting Physician of Charity Hospital, New Orleans, La.

I. Yellow fever is a self-limited disease, and can not be arrested by drugs. The poison of yellow fever, as well as the deleterious products resulting from the chemical changes which it excites, are eliminated mainly by the skin and kidneys. Black vomit is the *result* of the action of the yellow-fever poison upon the blood and upon certain organs. It should neither be regarded as the active cause nor be treated as *the disease*. Black vomit must be viewed as a *result* and not as a *cause* of diseased action. Therefore the functions of the skin and kidneys should be promoted by suitable means during the progress of the disease. During the early stages the physician should employ those measures which are best adapted to equalize the circulation and promote the regular

and free exercise of the functions of the skin and kidneys. Stimulating diuretics should, as a general rule, be avoided, as they tend to increase the irritation and congestion of the kidneys. A favorable impression may be made upon the circulation and upon the skin by the free use of the hot mustard foot-bath, by the vapor-bath, and in certain cases by the warm-water bath. The action of the skin and kidneys may be promoted by draughts of lemonade and of warm decoctions of mild diuretics, as orange-leaf and sage-tea, and water charged with carbonic acid.

2. The diet should be light but nutritious. Beef-tea, chicken-tea, corn and rice-gruel, and barley-water are the best forms of nourishment, and should be continued at regular intervals throughout the active stages of the disease. Solid food, and even bread, should be avoided. In many cases the preceding measures, accompanied by absolute rest in bed and the careful and continuous attention of an experienced nurse, will be all that is required. Alcoholic stimulants should be used with caution, and their effects noted. They have proved beneficial in certain cases attended with great prostration in the stage of febrile excitement. Champagne, when pure, is perhaps one of the best forms of alcoholic stimulants, from the presence of the carbonic acid with which it is charged.

3. Efficient but gentle purgation in the *early part* of the *first stage* of active febrile excitement may prove beneficial in relieving in a measure the congestion of the kidneys and liver, and in removing fecal matters from the bowels. If mercurials are employed, they should be used in the early part of the first stage, not later than the second day of the disease. For an adult from eight to twelve grains of calomel or blue mass will be sufficient. Purgatives should not be administered in the second stage of calm.

4. Quinine may prove beneficial in the *earliest stage* of the disease by its effects upon the nervous system, and by

its power of diminishing the temperature and equalizing the circulation; but this drug has no such curative effect, in yellow fever as it has in paroxysmal malarial fever. Yellow fever will run a definite course, and pass through a definite series of changes, whether quinine be administered or withheld. After a careful examination of the statements of Blair and others we have failed to discover any facts or cases by which the power of large doses of quinine to *abort yellow fever* can be fully and unequivocally established. It is very evident, from his own statements, that the action of Blair's favorite compound of calomel and quinine, having the symbol 20×24 , was very uncertain; and questions may be raised as to whether the cases said to have been aborted were yellow fever at all, or whether they may not have been some form of malarial paroxysmal fever, or whether they may not have been the milder forms of yellow fever, which would most probably have progressed regularly to convalescence after the hot stage of febrile excitement. Our own experience, as well as that of many others, has not accorded with the statement that after yellow fever has been established it *can be aborted*. Of course it would be entirely unnecessary to argue the question with those whose diagnostic powers are so acute that they are able "to detect a case of yellow fever before the supervention of the hot stage."

The power of quinine not only to arrest but also to ward off paroxysmal malarial fever is undoubted; and it has been used extensively, not only in the treatment of yellow fever, but more recently as a prophylactic. Dr. Newkirk, who was at Asuncion during the recent severe epidemic of yellow fever, assured Dr. Wm. Nathaniel Hiron, of Buenos Ayres, that the mortality was small, and that quinine was very generally and extensively used; and he expressed his belief that quinine was prophylactic, and that its continuous use in a healthy person during an epidemic caused any disease that showed itself to be mild and tractable.

Dr. Hiron, in his account of the recent severe epidemic of yellow fever in which Buenos Ayres, with a population not larger than that of New Orleans, lost, according to the most accurate estimates, nearly twenty thousand of her citizens, records the additional fact, illustrating the prophylactic properties of quinine, that "of eleven *practicantes* (dressers) of the Hospital de Hombres eight took quinine in doses of three grains daily. All of these had fever of a benign form. Three took no quinine; these had the fever very severely, and one died."

While the facts relating to this important subject are too few to warrant any decided conclusion as to the propriety and necessity of using quinine as a prophylactic by those exposed to the yellow-fever atmosphere, at the same time there are facts which indicate that quinine acts not so much as an "antidote" to the poison, but as an "antidote" to the *effects* of the poison, in the system, by preserving the integrity of the blood, regulating and promoting excretion, equalizing the circulation, and fortifying the nervous system against the action of the poison. According to Binz, quinine has the power of arresting putrefaction and fermentation, and is an active poison for all low organisms, animal and vegetable; and Dr. Grace Calvert has confirmed the observations of Binz, and announced the power of quinine to prevent the development of fungi.

These facts have been applied to the explanation of the effects of quinine upon the process of inflammation. Thus, according to Conheim's views, pus being mainly a collection of white blood-globules which have passed through the walls of the vessels—quinine having the power of arresting the motions of the white corpuscles, hence preventing their exit from the vessels—the alkaloid arrests, or at all events diminishes, the formation of pus during the course of inflammation. The well-established effect of quinine in producing a *decrement of temperature in fever* has been referred to its power

of destroying the ozonizing power of certain substances; and as the red corpuscles have this power, quinine in the blood is supposed to diminish the oxidation of tissue, and thus to lessen the production of heat. Thus Ranke and Keener found that the tissue changes were diminished under the action of large doses of quinine. Zuntz has recorded the observation that quinine, in ten-grain doses, lessens the daily excretion of urea by one third or more; and Unruh has found the same to occur when quinine is administered in fevers. Harley added quinine to blood, and found that it took up less oxygen and gave off less carbonic acid than blood which had not been thus treated. Zuntz and Schute have employed the changes in the alkalinity of the blood for the determination of the same fact. Thus, if fresh blood be drawn, a development of acid begins in it, and continues, at first rapidly, then more slowly, till putrefaction sets in; and as this acidification depends on oxidation, the diminished alkalinity of the blood thereby produced furnishes a test of the rapidity with which oxidation proceeds; and it has been determined by the experiments of Zuntz, Scharænbreich, and Schute that quinine, bebeerine, cinchonine, and picrate of sodium lessen, in different degrees, the production of acid, and consequently prevent the oxidation of the blood.

The experiments of Binz are especially important in their bearing upon the question of the direct action of quinine upon the chemical changes of the blood, or of its indirect action through the nervous system, which show that when putrefying liquids are injected into the circulation the temperature of the body rises; but if the fluids be previously mixed with quinine, whereby the putrefactive processes are arrested or destroyed, the rise in temperature is either entirely arrested or considerably diminished. Such experiments not only throw light upon the therapeutic action of such alkaloids as quinine, but they also illustrate, as it were, the very nature of the processes of those diseases, the effects of which they modify or

counteract, by the peculiar chain of chemical actions which they induce in the blood.

5. While local blood-letting may be beneficial in the first stage, when practiced chiefly for the relief of local congestions of the stomach and kidneys general blood-letting is injurious on account of its depressing effects upon the heart and nervous system. Cut cups should be employed with caution, and in the majority of cases they are unnecessary. The circulation will best be influenced by dry cups, sinapisms, and hot mustard foot-baths. Blood-letting, either in large or small quantities, repeated at intervals, is injurious, because it permanently reduces the pulse, prostrates the powers of life, and quickens the fatal termination.

6. The employment of the mineral acids internally, as the nitro-muriatic, from its supposed beneficial effects upon the jaundice, as well as of the tincture of the sesquichloride of iron, from its supposed power of arresting or preventing black vomit, is of very doubtful propriety. If the view be correct that black vomit is intimately associated with and even dependent upon impairment if not complete suppression of the functions of the kidneys, and if to a certain extent it be an effort of nature to relieve the blood of certain poisonous constituents, such agents can have little or no remedial power, and they are in many cases directly injurious by their irritant action upon the congested, irritated, and softened gastric mucous membrane.

7. While opium and its preparations may, in certain cases attended with sleeplessness and great restlessness in the first stage, produce favorable results, at the same time they possess no power of arresting or curing the disease; and should be used with great caution, as they may act with great energy and even poisonous effects when the function of the kidneys is impaired or arrested. This observation applies equally whether opiates be administered by the mouth or by subcutaneous injection.

8. The maintenance as far as possible of absolute rest in the recumbent posture. This precaution appears to be indicated by the results of experience, as well as by the *lesions of the heart*, which I have shown by careful post-mortem examinations to be characteristic of this disease. The central organ of the circulation is structurally altered and enfeebled in yellow fever. The muscular structures of the heart present alterations similar to those observed in the liver and kidneys. Oil and granular albuminoid or fibroid matter is deposited within and around the muscular fibrillæ, and the organ after death presents a yellow, flabby appearance. In some cases time is required for the restoration of its free and vigorous action, and this result is impossible without absolute and continuous rest in the recumbent posture.

Every case of yellow fever should be regarded as *serious*, however slight the symptoms may appear; and on account of the profound structural alterations of the heart, liver, and kidneys, and the profound alterations of the blood, the closest medical attendance and the most careful nursing is demanded.

9. The maintenance of free ventilation, and at the same time the avoidance by proper coverings of sudden changes of temperature.

I have shown by numerous careful analyses of the urine, and by microscopical examinations of the kidneys after death, that in fatal cases the lesions of these organs are profound. The results of these investigations afford an explanation of the fact that sudden changes or depressions of temperature often cause sudden and fatal changes in cases of yellow fever. By sudden depressions of temperature the function of the skin is diminished or arrested, internal congestions promoted and augmented in the enfeebled state of the circulatory and nervous systems which characterize the second stage of calm and depression, and the already crippled kidneys have an additional amount of work thrown upon them, while at the

same time they are still further incapacitated for the performance of this work by the increased congestion.

10. The sudden fatal termination of many cases of yellow fever is to be referred chiefly to the sudden arrest of the function of the kidneys. Complete suppression of urine in yellow fever is of more fatal import even than black vomit, which it often accompanies and precedes. In cases of suppression of urine in yellow fever the malpighian corpuscles and tubuli-uriniferi are filled with granular albuminoid matter, oil-globules, and detached epithelial cells. If the cessation of the excretion of urine was due simply to capillary congestion or defective enervation, it might be met by appropriate remedies; but the results of my chemical and microscopical examinations have placed in a clear light the reason of the impotency of all measures heretofore proposed for the relief of this fatal symptom. The tincture of ergot has been said to have restored the excretion of the urine, but this powerful agent has failed in my hands. The careful physician endeavors to promote the regular action of the kidneys, as indicated in section 1, from the very inception of the disease. As long as the kidneys excrete urine freely we may entertain hopes of recovery, even though black vomit and jaundice may have supervened.

As a general rule, suppression of the urinary excretion is speedily followed by restlessness, delirium, and coma, and in some cases convulsions. It is folly to expect any good results from sedatives and the various preparations of opium in such cases. Counter-irritants to the surface and the prolonged use of the hot and warm baths alone promise any good.

11. Yellow fever is a self-limited disease, occurring, as a general rule, but once in a life-time. The constitution of the blood and even the textures of the body are altered. The most important organs, as the heart, kidneys, and liver, as well as the most important nutritive fluids, are profoundly

impressed. These changes of the blood, heart, kidneys, and liver, and perhaps also of the nervous system, may be compared to the profound changes induced in the blood and organs, and especially in the integument, by the small-pox poison. I have shown by careful analyses that when the kidneys cease acting in yellow fever urea and carbonate of ammonia and bile accumulate in the blood, brain, liver, and heart. Many of the nervous symptoms characteristic of yellow fever are referable to the retention of the bile and the constituents of the urine in the blood.

If this view be correct, we can not by *drugs arrest or cure* yellow fever any more than we can arrest or cure by drugs small-pox, measles, or scarlet fever. If drugs accomplish the effect of promoting the free and regular action of those emunctories through which the poison and the products of its action are eliminated, and if, further, they tend to preserve the integrity of the blood, and to sustain the action of the circulatory and nervous systems, they will without doubt achieve much good, and perhaps all that we are justified in looking for in the present state of our knowledge.

By judicious treatment, and by proper attention to ventilation, diet, and rest, we place the patient in that condition best adapted to the successful elimination of the poison and the products of its action; but we do not arrest or cure the disease, as we certainly may do in paroxysmal malarial fevers, by the proper administration of quinine.

IODINE LOCALLY IN DISEASES OF WOMEN.

BY J. HALE, M. D.

Although iodine has been recommended for several years as an application in many of the diseases peculiar to women, yet its use is by no means so general as it should be. With few exceptions, writers upon diseases of women have but cursorily adverted to it, and hence young practitioners are liable to conclude that it is a remedy of little value. The writings of Drs. Churchill, Tilt, Sims, Emmet, Thomas, Parvin, and other gynecologists of modern date have, however, given it more prominence in the history of gynecology.

I have been using iodine as a local remedy in various diseases of the female generative organs for the last ten years, and with more satisfactory results than I have had from any other agent. Iodine possesses powerful chemical affinities, and combines rapidly with organic substances. When applied to the skin or mucous membranes it readily penetrates them, and enters the system to some extent, so much so that some women have its peculiar taste in the mouth after its application to the cervix uteri. Its local action is that of an irritant, astringent, alterative, and, when freely applied, vesicant. It is especially in the chronic forms of disease that iodine is applicable as a local remedy. In chronic vaginitis I have found the tincture of iodine a very efficient remedy, not only in the simple form and in granular disease, but also in specific. I apply the iodine to the entire vaginal mucous membrane from the *cervix uteri* to the *ostium vaginæ*, using a tubular speculum introduced up to the cervix uteri; and as it is gradually withdrawn brushing with a camel's-hair pencil saturated with the tincture the vaginal walls. I repeat the application every third day, and during the interim advise injections of warm water used once or twice a day. I have

been successful with this treatment in some very obstinate cases of chronic vaginitis, after an ineffectual trial of the various astringent remedies ordinarily used.

In *chronic aplastic* inflammation of the cervix uteri and its concomitants—mucous abrasion, superficial ulceration, aphthous and pustular eruptions, etc.—I have used the tincture of iodine with the best results. I apply it to the cervix with a camel's-hair pencil every three or four days, and have seldom failed to control the inflammation, abrasion, ulceration, etc., in a few weeks, without the use of any other remedy.

In *chronic hyperplastic* inflammation of the cervix uteri much may be accomplished by the use of iodine. In this form of cervical inflammation we have one of the most obstinate and unsatisfactory diseases that we are called to treat. The cervix is greatly enlarged, often to three or four times its normal size, is generally indurated, and often gives rise to many serious complications, as cystitis, rectitis, pelvic cellulitis, displacements, etc. I have used iodine with very satisfactory results in these cases. I use a stronger preparation than the ordinary tincture—generally a preparation containing from thirty to sixty grains of iodine and half that quantity of iodide of potash, to an ounce of alcohol. I apply this to the cervix and cervical canal every third day, until three or four successive applications have been made, and then prolong the interval to six or eight days. As the cervix soon becomes vesicated, the interval must be prolonged or a milder preparation used.

I apply the iodine to the cervix with a camel's-hair pencil, and to the cervical canal with Emmet's applicator, or some similar instrument, bent to the proper curve to readily pass into the canal. I wrap about two inches of the curved extremity of the applicator with cotton-wool, saturate it with the iodine, and pass it into the cervical canal as far as it can readily be done, allow it to remain a few seconds, and remove it. By iodine used in this way I have been successful in

relieving several cases of *hyperplastic inflammation* of the cervix uteri of some years' duration.

There are other methods of using iodine in these cases which may be equally efficacious. The iodized cotton introduced by Dr. Greenhalgh is a very good method of securing the continuous action of the remedy. It is prepared by dissolving two ounces of iodide of potash and one ounce of iodine in eight ounces of glycerine, saturating eight ounces of cotton-wool with the solution, and then carefully drying it. A pledget of the iodized cotton (with a string attached to remove it by) is placed in contact with the cervix uteri, and allowed to remain for two or three days.

In chronic endocervicitis and endometritis I have found iodine the safest, least painful, and most efficient local remedy I have ever used. Before applying the iodine the mucus should be removed from the cervical canal, which may readily be done by wrapping the applicator with cotton and passing it into the cervical canal, giving it a few turns and withdrawing it, repeating the operation until the canal is clear of mucus. I then apply the strong preparation before mentioned to the cervical canal in endocervicitis, and in endometritis to the uterine cavity, using the applicator wrapped at its curved extremity, for two or three inches, with cotton-wool, and the cotton then saturated with the iodine solution. I repeat the application every three or four days for several times, and then prolong the interval to seven or eight days.

I have observed a peculiar susceptibility to the action of the iodine in the vagina and cervix uteri in some women; so much so that the preparation above mentioned in such subjects produces considerable pain and irritation, and in rare cases even active inflammation of the mucous membrane of the parts to which it is applied. In such subjects a much weaker preparation should be used. Such cases are, however, an exception to the rule, the iodine generally producing so little pain or irritation that it is unnecessary to confine the

patient to bed after its use; but, on the contrary, she can, as a general rule, safely pursue her ordinary avocations. It is seldom necessary to dilate the cervical canal to make these applications, as in endocervicitis and endometritis the cervical canal and internal os are generally sufficiently open.

In chronic corporal metritis iodine may be used with benefit. Applied to the cervix uteri, and to the inguinal regions and inner part of the thighs, I have found it to greatly mitigate the uterine pain and irritation, and, I believe, exert a curative influence over the inflammation. By the use of iodine in this way we obtain not only its local alterative and revulsive action, but in some degree its constitutional effects. In passive metrorrhagia iodine is a very efficient remedy. Applied as recommended in endometritis, it has seldom failed in my hands to control the bleeding in a very short time. In subinvolution of the uterus in feeble subjects iodine applied to the cervix, cervical canal, and uterine cavity is a remedy of great value. I have found it one of the most efficient remedies I have ever used in these troublesome cases.

In the so-called "uterine irritation"—properly neuralgia or hyperæsthesia of the genitals—iodine may be used with benefit as a counter-irritant. I have found it a valuable remedy in such cases when freely applied to the sacrum and inner part of the thighs. In chronic ovaritis iodine applied over the region of the diseased ovary, and to the inner part of the thighs, is a very effective remedy. I have been successful in relieving some very obstinate cases of ovaritis with iodine used in this way.

Iodine may be used with benefit in other affections of the female genitals. I have only mentioned its use in such cases as have come under my own observation, and the mode in which I applied it, which differs but little from that recommended by others in these cases.

FRACTURE OF THE SKULL—MENINGITIS—AUTOPSY.

BY JOSEPH N. M'CORMICK, M. D.

Col. H. C. D., aged forty-three years, Kentucky, married, United States revenue officer, was severely wounded in both thighs during the late war. Had been intemperate in his habits for several years; had delirium tremens once or twice; had been drinking very hard for six weeks previous to the 15th of August, 1872, when he received a number of blows on the head from the butt of a small pistol. He was insensible for about one hour. I saw him in two hours. There was considerable prostration from loss of blood, and he was under the influence of liquor. Marked tremulousness existed. Pulse 90, feeble; temperature 98°. There was an irregular wound, one inch and a fourth in length, above and to the outer side of the left eye; another, in upper part of the left temporal region, three fourths of an inch in length, which exposed the bone; another in the upper portion of the forehead, two inches to left of median line, extending obliquely under the skin in the direction of the median line, and exposing the bone the whole length of the wound. An examination revealed a fracture, without depression, extending from the lower angle of the wound backward and to the left side. The hemorrhage from temporal region ceased after cleansing the wound and exposing it to the air. Water-dressings were applied to the wounds, complete rest enjoined, and twenty grains bromide of potassium ordered every three hours.

August 16th—Had slept some; vomited several times during the night; made frequent attempts to get out of bed; complained of some pain in the region of the wound on the forehead; pulse 90; temperature M. 98°, E. 99°; pupils normal. Bowels had not been moved, but a purgative was not given,

because, on examination, there seemed a tendency to diarrhea. Continued the bromide.

August 17th—Had some rest; was more rational; nausea and vomiting continued; the bowels had moved several times during the night; wounds were uniting; complained of intense, deep-seated pain in region of wound on the forehead. Pulse 80; temperature M. 98° , E. 98° . Continued the bromide, and directed that bladders of ice be applied to the head.

August 18th—Rested well; had slight headache; rational; bowels rather loose; temperature M. 98° , E. 98° ; pulse 80.

August 19th—Did not sleep; had marked hallucinations, and made frequent attempts to get out of bed; pupils moderately and equally dilated; pulse 112; temperature M. 103° , E. $102\frac{1}{2}^{\circ}$. Continued the ice, and directed thirty grains each of bromide of potash and chloral hydrate every three hours.

August 20th—Did not sleep; delirium and hallucinations continued; was very tremulous; temperature M. 101° , E. $102\frac{1}{2}^{\circ}$; pulse 100.

August 21st—Had slept several hours; some delirium; pulse 90; temperature M. 100° , E. 101° ; bowels continued rather loose; pupils act under influence of changes of light.

August 22d—Slept several hours; was almost perfectly rational; had some appetite; pulse 90; temperature M. 100° , E. 101° . Stopped the chloral. The wounds have all opened up, and some redness and swelling exists around each of them. Complaints of constant, deep-seated pain about the wound on the forehead.

August 23d—Was much improved; pulse 80; temperature M. 99° , E. 100° ; no tremors.

August 27th—There was no material change from time of last note. Temperature continued to rise in the evening to 100° , and to fall again in the morning to 99° . Pupils were moderately dilated, responding to changes of light. Pulse 80; bowels open; some appetite. Dr. D. W. Yandell saw the case at this time. In consequence of the marked

evening exacerbations, gave him five grains of quinine every four hours. Continued the ice and bromide, and gave chloral at night.

August 30th—The delirium had increased; prostration was marked; pulse 86, feeble; temperature M. $98\frac{1}{2}^{\circ}$, E. 100° . Discontinued the quinine. Ordered milk and chicken-broth to be given freely.

September 4th—Constant low, muttering delirium existed; made many attempts to get out of bed, but was so weak that he could not do so; pulse 70; temperature M. 99° , E. $100\frac{1}{2}^{\circ}$; pupils dilated, and respond but imperfectly to changes of light; urine was retained for several hours, and was drawn with the catheter. From this time the prostration increased; he sank into complete coma, and died on the 9th, the twenty-fifth day from the receipt of the injuries.

AUTOPSY.

Autopsy made six hours after death. Six feet four inches in height; well developed; moderately nourished. All the wounds on the head had healed, except the one on the forehead. On making ordinary thoracic and abdominal section, found a moderate amount of adipose tissue.

Topography—Lungs meet in median line down to lower border of the third costal cartilage. Uncovered pericardial space three and a half by three inches. Intestines distended with gas; some firm adhesions over posterior portion of left lung; a few bands bind the base of the right lung to the diaphragm.

Left lung—Crepitant throughout; some old depressions over apex, limited in extent, beneath which the lung tissue is firmer; containing some small calcareous deposits; hypostatic congestion well marked posteriorly; sections of entire lung float in water.

Right lung—Posterior portion almost non-crepitant, friable, a dark serum exuding on section; much pigment deposit in

interstitial tissue of both lungs; sections of entire lung float in water.

Heart—Four and a half by three inches in measurement; weight nine ounces; valves healthy, except a thickening of the margins of one segment of the mitral; a firm whitish clot in right ventricle, and extending some distance into the pulmonary artery, marked distinctly by the valves; about three drachms of light-colored serum in the cavity of the pericardium.

Liver—Measures eleven by seven by three inches; weight fifty-eight ounces; well-marked nutmeg appearance on section; spleen healthy.

Kidneys—Weight eleven and a half ounces; capsules easily detached; boundaries between cortical and medullary portions well defined; stomach and intestines healthy.

Scalp—Is dark and congested over left side, especially in the region of the wounds. Beneath the wound over the anterior part of the squamous portion of the temporal bone there is a loss of bone substance two by three lines in dimensions and about one line in depth. There is a fracture of the bone beginning at the lower inner angle of the wound on the forehead, and extending backward and to the left side one inch and a fourth, involving only the external table. On opening the cranium a considerable amount of opaque, reddish serum escaped. At a point corresponding to the injury of the frontal bone the dura mater was about double the thickness of that membrane at the corresponding point on the right side, gradually shading off from this central point to the thickness of the surrounding parts of the membrane. The pia mater is thickened, opaque, and the arterial vessels are filled with blood. The opacity and congestion are more defined over the convexity of the brain, and on the left side more than the right. There was a considerable amount of lymph and pus beneath the arachnoid, in the meshes of the pia mater, and especially between the convolutions, giving to

the whole surface of the brain a greenish hue. There was a small amount of reddish serum in both lateral ventricles. A microscopical examination of the exudation showed the presence of imperfectly-formed cells in abundance, with some fibrillæ. Brain weighed fifty-eight ounces.

NEW HAVEN, KY.

ON THE USE OF CALABAR BEAN AND ATROPIA, IN CERTAIN AFFECTIONS OF THE EYE.*

BY E. B. RICHARDSON, M. D.

I propose making this evening a few brief remarks on the use of calabar bean and atropia in certain affections of the eye.

Without going into a lengthy description of the drug first named, I will only say that I have used two extracts—the solid alcoholic (in consistency and appearance about like the extract of belladonna) and the fluid extract. The general effect of the drug when given in sufficient doses is to lessen the energy of the spinal cord, exerting a similar sedative influence on the sympathetic; but it is its *specific* action—that of contracting the pupil—which renders it peculiarly valuable in certain affections of the eye. This it does by causing spasmodic contraction of the ciliary muscle and sphincter pupillæ, at the same time paralyzing the radiating fibers of the iris. This apparent inconsistency in the action of the drug (stimulating one muscle and paralyzing another in the same organ) is explained upon the hypothesis that both the ciliary muscle and sphincter pupillæ are under control of cerebral influences, while the radiating fibers are under control of the

* Read before the Southwestern Kentucky Medical Association at its meeting at Mayfield, May 26, 1873.

sympathetic; and the bean affecting only the nerves derived from the spinal and sympathetic, the radiating fibers of the iris alone are paralyzed, leaving the stimulating force from the nervous centers still exerted to contract the ciliary and sphincter muscles. In mydriasis, or dilatation of the pupil, the calabar bean sometimes proves very useful. In paralysis of accommodation, or atony of the ciliary muscle, it frequently produces complete restoration of the functions of the eye.

There are two conditions of the eye in which it may be used with great benefit. In ulcers of the cornea situated near the margin, where there is danger of perforation and consequent adhesion, or prolapse of the iris, the bean may be the means of preserving much useful vision, and perhaps saving the eye from destruction. A solution of the solid extract in glycerine (one or two grains to one drachm) instilled into the eye causes the iris to extend like a curtain across the aqueous chamber. Should the ulcer perforate the cornea and the iris fall against the aperture, prolapse of the iris will be averted by the tension resulting from the steady contraction of the pupil. If adhesion takes place between the cornea and the iris, it may possibly be broken loose, when the ulcer heals and the perforation closes by the alternate use of calabar bean and atropia. This condition of the eye, in which adhesions have taken place between the iris and the structures either before or behind it, is the second one I had reference to above.

The action of belladonna is, as is well known, directly opposite to that of the calabar bean. Acting through the cerebral centers, it paralyzes the ciliary muscle and sphincter pupillæ, with perhaps a stimulating effect upon the radiating fibers of the iris. It is the most certain and powerful mydriatic we possess. That the iris has little or nothing to do with accommodation was proven by the celebrated case seen by Von Graefe, in which, though there was an entire absence of the iris, there existed good vision, and paralysis of accom-

modation could be as readily produced in the defective organ as in eyes with perfect irides.

The sulphate of atropia in its range of usefulness in the treatment of ophthalmic diseases is, as has been well said, almost unlimited. Whether there be simple conjunctivitis, deep-seated organic disease, inflammation of one kind or another, or mere nervous disturbance resulting in pain, the atropia may be used, with a confidence which no other remedy inspires, combined with other local and general treatment, to lessen tension, relieve congestion, overcome photophobia, and put the eye in a state of rest. It alone is often sufficient to arrest and subdue the inflammation in iritis, and by its property of dilating the pupil prevent the effused lymph forming adhesions between the iris and the lens-capsule or the cornea. I have known cases of severe iritis relieved so perfectly by its use that no sequelæ whatever were left to show that disease had ever existed in the eye; cases which, had they been treated without this valuable drug, would have ended in partial if not complete loss of vision.

In order both to show this point and illustrate the antagonistic properties of calabar bean and atropia, the following case possesses some interest.

A gentleman living in Paducah, extremely myopic in the right eye, requiring a lens of three-and-a-half-inch focus for distinct vision, with nearly a normal condition of the left eye, suffered an attack of iritis (perhaps specific) in the latter. He was subjected to treatment by a man who, having been under charge of an oculist for some affection of his own eyes, came home with the impression that he had imbibed the wisdom of the doctor, and forthwith started in the practice of ophthalmology. The iritis passed off, but at the expense of sight in the eye. During the attack the pupil had remained contracted; effusion had taken place, binding the edge of the iris for four fifths of its pupillary margin to the lenticular

capsule, and filling the pupil itself with a dense white plug of lymph. Vision was limited to the mere perception of light. Can any one doubt that this could have been prevented by the free use of atropia? The patient consulted me about two years and a half after the attack. By instillation of a solution of sulphate of atropia (four grains to the ounce of water) I relaxed the sphincter at the single point where it was unadherent to the capsule, thus opening up a small pupillary space through which the light could enter. The morning after the instillation he came to my office with the exclamation that I had "opened his eye to the world." I then commenced the use of calabar bean and atropia, alternately using the bean every hour for two or three hours after each instillation of the atropine; first contracting with the bean and then dilating with the atropia, making a kind of see-saw drag upon the points of attachment till I broke loose one or two small tags of lymph, making a pupil large enough and clear enough for useful vision. The solution of atropia dropped in the eye once a week is adequate to keeping the pupil sufficiently open since that time.

PADUCAH, KY.

NEUROTIC TUMOR OF THE POPLITEAL NERVE— AMPUTATION—RECOVERY.

BY GEORGE N. MONETTE, M. D.,

Visiting Physician to the Charity Hospital, New Orleans, La.

Timothy D., Irish, aged thirty-nine years, was wounded at the battle of Murfreesboro, Tenn., December 31, 1862, by a minie-ball, causing a *compound* and *comminuted* fracture of tibia and fibula about four inches below the femoro-tibial articulation. The ball ranged downward along the internal border of the right leg superficially, rendering its track very

perceptible from the extravasation consequent upon the laceration of the subcutaneous tissues, making its exit between and parallel with the internal malleolus and tendo-achillis, and near its insertion into the posterior border of the os calcis. Two months afterward he could use the crutch, but could not bear much weight upon the injured member. He recovered sufficiently to enable him to work until November 8, 1865, when from extreme sensitiveness and pain he decided to have the leg amputated, which was performed by the late Dr. Nott, of Mobile, two inches below the tuberosity of the tibia. The stump healed kindly, save a sinus opposite the extremity of the tibia, which continued to suppurate for eight months afterward. In April, 1867, Dr. Nott performed disarticulation at the knee-joint after Teale's method. This stump also did well, uniting by first intention; but the patient was persistently troubled with an intense neuralgia of the popliteal nerve, as also some sensitiveness around the condyles of the femur.

In April, 1869, his suffering being intense, he entered Charity Hospital, when a large bulbous growth was found at the extremity of the popliteal nerve, forming a distinct neurotic tumor. After a thorough tonic course (ferruginous preparations and cod-liver oil), with repeated hypodermic use of the sulphate of morphia over the side of the tumor, which subdued the pain temporarily, amputation was decided upon, and one month after his admission was performed before the medical class by Prof. T. G. Richardson. I took charge of the case after the operation, as I had prior to it. The flap (*circular*) was made at the *upper portion* of the *lower* third of the femur. The wound healed kindly and rapidly. Carbolic acid (5j to water Oj) was used as a detergent.

Timothy was relieved of all his former suffering, and is now a resident assistant in the hospital, and wears a wooden leg without inconvenience.

CHLOROFORM IN LABOR.

BY C. F. ULRICH, M. D.

On the 14th of March, 1873, I was sent for to attend Cassie, wife of Joseph Williams, colored, in her first confinement. She is sixteen years old, and quite healthy. On examination I found os uteri dilated about one inch in diameter, vertex presentation, pains regular and tolerably severe. I went home and returned in two or three hours, when I found the pains increased in severity, but the os not much more dilated. This state of things continued about four hours longer, the labor making comparatively little progress, although the pains were increasing in severity.

I now decided to give chloroform, which was accordingly administered in the usual way, the woman being in a perfectly recumbent position, her head on a level with her body. Under the intoxicating influence of the anæsthetic she struggled somewhat, but when about three drachms had been consumed she suddenly became quiet, breathing gently, like a person in a quiet, natural sleep. I then withdrew the chloroform and watched the patient. The pains ceased entirely, and in about two minutes her breathing became stertorous, and then suddenly ceased. The pulse, which up to that moment had been perfectly good, flickered, and apparently ceased altogether. I immediately took hold of her tongue and drew it out, after which I dashed cold water two or three times in her face. Each affusion was followed by a slight gasp, and finally respiration was re-established. She then awoke as one coming out of a natural sleep, and asked how she came to be so wet. The pains returned in about fifteen minutes from the time of their cessation, and continued two hours, when delivery took place. Of course no

more chloroform was given, and there were no further mishaps; every thing turning out favorably, except that the woman had after-pains, which are not very common after a first labor.

LOUISVILLE.

AMPUTATION OF BOTH LEGS.

BY RAWLINGS YOUNG, M. D.

George (colored), aged eighteen years, previously healthy, had both feet terribly frosted early in December, 1872. When seen first, on the 10th of January, 1873, both his feet and his legs as high as the middle of each leg were masses of gangrenous tissue, swollen to twice their natural size, and discharging offensive, sanious pus in such quantities that it ran from the bed and stood in pools on the floor. The patient was excessively emaciated by this enormous drain, and a large bed sore covered the sacrum.

In order to build up the system, that he might undergo amputation, he was ordered tonics, stimulants, and nourishing diet, while disinfectants were applied to the parts.

He slowly improved under this treatment, and on the 21st of January the left leg, being the worst, was amputated by the circular method at the "point of election." The skin and tissues were enormously thickened, and the coats of the arteries so easily lacerated that they barely held the ligatures. Very little blood was lost, but the patient almost sank under the operation. The pulse, 105 before the operation, disappeared entirely at the wrist, and the breathing became slow and labored. Under the use of stimulants reaction was gradually brought about.

January 22d—Pulse 120, temperature 101.5°; has eaten some broiled beef-steak and stewed chicken; dressings not removed.

January 23d—Stump dressed, in good condition; pulse 125, temperature 102°; bowels moved; diet as yesterday; ordered elixir of calisaya and iron with whisky-toddy.

January 24th—Parts hot and swollen, discharging dark sanious pus; sutures removed; supported with adhesive strips and dressed with carbolized oil; pulse 120, temperature 101°; treatment continued.

January 25th—Dressed as yesterday; pulse 118, temperature 101°; tongue clean; bowels moved; wound improving.

January 27th—Wound discharging healthy pus; pulse 112, temperature 100°; appetite good; tongue clean; bowels moved.

The patient continued steadily to improve until he was considered sufficiently well on the 13th of February to bear amputation of the remaining leg, which was performed at the junction of the upper and middle third (circular method). Tissues in a better condition than in the other leg; three arteries required ligation; pulse 108 before operation, same after.

February 14th—Slept well; pulse 118, temperature 101°; no appetite; bowels moved; some pain in stump.

February 15th—Both stumps dressed; first stump suppurating and closing rapidly; recent stump in good condition, wound uniting by first intention, except small space at lower angle; not much appetite; bowels moved once; pulse 118, temperature 101°; continued previous treatment.

February 16th—First stump granulating well; last stump suppurating from lower angle of wound; appetite improving; pulse 96, temperature 98°; slept well; bowels open; tongue clean.

February 18th—Both stumps in good condition; pulse 98, temperature 100°; tongue coated; bowels not moved; ordered compound cathartic pills; ligatures have not come away from the arteries of first stump.

February 19th—Patient doing well; pulse 96, temperature 98.5°; bowels moved.

February 20th—Pus from stumps healthy; appetite good; tongue clean; pulse 90, temperature 98° .

February 21—Stumps did not need dressing; bowels being constipated, ordered a dose of castor-oil; pulse 90, temperature 98.5° .

February 22d—Stumps dressed; first stump healed to size of a silver half dollar; second stump has space half an inch long at lower angle not closed; patient improving in flesh; pulse 87; temperature 98° .

February 24th—Both stumps dressed; ligatures have not come off the arteries in first stump; appetite good; pulse 92, temperature 98° ; tongue clean; bowels open.

February 27th—Dressed both stumps; removed one ligature from last stump; first stump healed to size of a quarter dollar; granulations healthy; last stump suppurating but little bowels open; pulse 92.

March 8th—Two ligatures still remain in first stump; scarcely any suppuration from either; one ligature remains in last stump; last stump will be entirely healed before the other, although amputated three weeks afterward. Patient getting fat; skin looks healthy and sleek; no fever; appetite good; is cheerful and able to sit up.

March 9th—Ligatures from first stump came off to-day; no suppuration; both nearly healed.

March 13th—Ligatures all off; both stumps entirely healed; no tenderness about them; patient sits up; was discharged one month from date of last operation.

CORINTH, MISS.

Reviews.

A Treatise on the Principles and Practice of Medicine.

By AUSTIN FLINT, M. D., Professor of the Principles and the Practice of Medicine and of Clinical Medicine in the Bellevue Hospital Medical College. Fourth edition. Philadelphia: H. C. Lea. 1873.

This admirable work no longer needs the commendation of the press, and the fourth edition will increase its popularity. Its laborious author, who grasped the whole subject of medicine in his mind at first with wonderful success, continues to add to his work the results of his own clinical studies, and the contributions to medical science and practice made in all countries; so that the reader is sure of finding in it all the latest words on medicine. Not only for the student is it the best text-book extant, but the practitioner can find no other volume in which the science and art of medicine are presented with so much clearness in so condensed a style. In every respect it is the book on practice for American physicians.

A Treatise on the Diseases of Refraction and Accommodation. By C. S. FENNER, M. D., Louisville, Ky., late of Memphis, Tenn.

This is a neat pamphlet of twenty-nine pages, and purports to be a *resumé* of the present state of that department of ophthalmic science which is embraced in the title. We propose to examine this work somewhat critically and in detail. Our wish is to do so impartially. We would by no means do

injustice to the author, but the duty which we owe to science constrains us to expose any errors which might lead astray. Upon most subjects pertaining to our profession it is well known that differences of doctrine and practice obtain among authors. It will be seen that the affections of the eye afford no exception to this rule.

Our author, on the first page, makes this remark: "Many cases of amblyopia that a few years since would have been considered as incurable are now entirely relieved by neutralizing the aberrations of refraction by appropriate lenses." We had been under the impression until now that amblyopia in its various forms belonged to the retina and not to the refracting media. In fact Dr. Bull, a distinguished specialist of New York, and many others, the writer among the number, have during the past two years been experimenting with strychnine hypodermically in the hope of curing this too often intractable disease; and we have even thought that in some cases of amblyopia arising from disuse of the eye, on account of squint, occlusion of the pupil, and the like, after removing the cause of the disuse, the strychnine did good, and might take rank as a curative agent. But with the light afforded by the work before us we can adjust a suitable glass behind which amblyopia vanishes, is absorbed, carried away, like the once famous "tewhadiddle" in the gastronomic apparatus of the late Dr. Kitchener. Very strong convex glasses used for a few minutes at a time, as a means of arousing the dormant powers of the retina, and not with a view to the correction of any real or supposed aberrations of refraction, have long been a recognized means of relief in cases of recently developed amblyopia resulting from disuse of the eye.

In the next sentence after the one devoted to the subject of amblyopia we are told by the author that "it is definitely settled that the inherent power possessed by the eye of adapting itself to see an object clearly and distinctly at different distances is due to the voluntary action of the ciliary muscle

on the crystalline lens, causing the latter to change its curvatures as the object approaches or recedes from the eye, so that within certain limits diverging rays coming from it are united in a focus on the retina."

We had always supposed that union of the rays constituted the focus, no matter where that union occurs, whether "in a focus on the retina" or in any thing else. It is indeed generally believed and taught by most of the eminent oculists that the ciliary muscle is one of the prime factors in the production of the accommodative effort; but this is not definitely settled, to say nothing of that muscle's power to "act on the crystalline lens." To do this there must needs be contact of the thing acting with the thing acted upon; and we are sure Dr. F. will not say that the ciliary muscle and crystalline lens are in actual contact. Professor C. McNamara says: "It seems to me if the anterior surface of the lens alters its convexity in accommodation, it has hardly been demonstrated that the ciliary muscle effects this change;"* and he states that accommodation takes place by means of "an inherent power, resident in the crystalline lens, analogous to that which exists in voluntary muscle." Donders, in his treatise on the "anomalies of accommodation and refraction," quotes the various opinions of investigators, and very cautiously avoids expressing a definite opinion as to the question at issue. He says: "But the mechanism whereby the contraction of this little muscle"—meaning the ciliary muscle—"alters the form of the lens is, to however small a compass the question may now seem to be reduced, not yet satisfactorily and convincingly brought to light." After quoting the theories of Helmholtz and H. Müller (which are received as the most plausible yet offered) Donders continues: "Against these two theories I have difficulties which I shall not further develop. It would, moreover, be easy to bring forward other hypotheses, but from this too I shall refrain." Soelberg Wells

* A Manual of Diseases of the Eye, second edition, page 16. 1872.

says: "There being now no doubt that the accommodation of the eye is due to a change in the form of the lens, the next question is, by what means is this change produced? And this brings us to the consideration of the much-debated but yet unsettled question of the mechanism of accommodation."* And while he evidently inclines to the theory of Hencke, he does not himself attempt a solution of the question. Many other authorities might be cited to show that it *has not been* "definitely settled that the ciliary muscle acts on the crystalline lens" so as to produce any effect in the accommodation of the eye whatever.

The following account (page 12) of the anatomical relations of the recti muscles to the eyeball contains, to put it mildly, some strange statements: "I believe that the strong contraction of these muscles (recti), attached, as they are, anteriorly near the margin of the cornea, and posteriorly around the optic foramen, with their broad bellies resting on the equator of the partially-yielding eyeball, lessens its transverse diameter and slightly increases its length in the direction of its optic axis." Now it is positively known that the recti muscles are inserted into the sclerotica at an average distance of more than one fourth of an inch from the corneal margin, which makes the scleral attachment of the recti muscles only $1\frac{1}{2}$ " anterior to the equator of the globe, while that portion of the muscles just at this equatorial line are tendinous, so that their bellies are not in contact with the eyeball at any point.† Then, instead of the "strong contraction" of the recti muscles having the effect to lengthen the antero-posterior diameter of the eyeball, such muscular action is known to produce just the contrary effect. Almost all late writers, and especially Donders, whom the Doctor professes to quote in more than one instance, say that hypermetropes may often be recog-

* Long, Short, and Weak Sight, and their Treatment by the Scientific Use of Spectacles, page 34. 1869.

† The Anatomy and Histology of the Human Eye, by Prof. A. Metz. 1868.

nized by their retracted eyes; thus proving at once, without further argument, that contraction of the recti muscles consentaneously is equivalent to a perceptible diminution of the antero-posterior diameter of the eyeball, and is consequently very commonly seen in far-sighted persons. The following statement is made by Dr. Fenner:

"According to Donders, presbyopia commences when the near point has receded beyond 8", and this rule has been generally adopted. I am satisfied that in this country, particularly in the South and West, the normal visual angle is less than five minutes. From a large number of tests, I have found that most persons have clear and sharp sight with a visual angle of four minutes. In Germany, and some other European countries, the inhabitants are proverbially short-sighted. An angle of five minutes is the smallest one (except in small children) at which they can ordinarily see with distinctness."

The Doctor makes these announcements without even hinting at the number of tests he made, what sort of tests he applied, when he made the tests, what class of people he tested, where he tested them, or any thing else that would tend to establish the assertion as a fact that the people of "the South and West" have a "normal visual angle of 4'." Now we do not mean to doubt that Dr. Fenner believes he is right, but we do very seriously doubt whether it will be believed that his observation and tests have been sufficient to establish "that as a people we are far-sighted." He says: "It is rare to find one here under thirty-five years of age who can not easily read No. 1. of Snellen's test-types at 20" and No. 20 at 30', far more exceeding this than falling short of it." Then, according to this, Snellen's test-types are improperly graded for the determination of the acuity of vision; because they were constructed on the supposition that Hooke, in his estimate of the normal visual angle, was correct. In order to determine the value of Snellen's test-types, Dr. Vroesom de Haan subjected two hundred and eighty-one persons between the ages of seven and eighty-two years to

examination, and found that from ten to twenty years of age, $S = \frac{3\frac{2}{3}}{20}$; at thirty years of age, $S = \frac{3\frac{2}{3}}{20}$; at fifty, $S = \frac{1\frac{8}{10}}{20}$; at sixty, $S = \frac{1\frac{4}{10}}{20}$; at eighty, $S = \frac{1\frac{1}{10}}{20}$; but no one supposed that this altered the principle upon which the normal visual angle was fixed at five minutes. On the contrary, it shows that while five minutes is the adopted standard, some persons can see within finite limits under an angle of less than five minutes. McNamara "takes as unit for comparison the recognition of letters seen at an angle of five minutes," and recognizes the fact that some persons can see under a smaller angle. So then it appears that the Dutch and Hindoos, as well as Americans, have superior vision to the Germans. But, unfortunately for Dr. Fenner's discovery, Snellen is not a German, but a Dutchman, living in and writing at Utrecht, in Holland. Donders likewise gives us in his estimate the state of vision possessed by his own countrymen, viz., the Dutch; so that it does not appear where our author learned that they (the Germans) are "proverbially near-sighted."

Under the head of astigmatism Dr. F. says (page 22) that to detect this "Graefe invented an optometer, composed of fine wires crossing each other at right-angles." The Philosophical Transactions for 1793 inform us that Thos. Young, the discoverer of astigmatism, made use of the wire optometer in the examination of his own eye. Graefe was born thirty-five years after the use of the wire optometer was published to the world by Dr. Young.

But we pass now to the most remarkable of the many remarkable statements contained in this treatise. Under the head of "remarks" this occurs:

"For most of our knowledge of the diseases of refraction and accommodation we are indebted to the researches of that wonderful people, the Germans, who at the present day surpass all other nations in diving into the hidden depths of nature, in order to investigate the mysterious secrets of her workings, and then applying the knowledge thus attained to benefit mankind and to relieve

human suffering. Among those worthy of all honor in connection with the subjects of this article I would mention Helmholtz, Donders, Graefe, Knapp, Arlt, Stellwag, Jaeger, and Hering, who, with their fellow co-laborers, have in less than a quarter of a century, built up an entirely new science in this department of ophthalmology."

The subjects treated of in the pamphlet under review are Refraction and Accommodation, Myopia, Hypermetropia, Presbyopia, Astigmatism, and Asthenopia; and in order to be able the more fully to appreciate the exact value of Dr. Fenner's statements about the Germans, etc., I find it necessary to examine briefly into the history of our knowledge of the various subjects above named. In the first place, Ptolemy, who wrote an elaborate treatise on "Astronomical Refractions" early in the second century, tells us in his first book, which is devoted to the consideration of "Single Binocular Vision," etc., that deviations in the optic axes produce double images; and he even took into consideration the visual angle under which certain objects appeared to his vision; for instance, he calculated and formed tables by which the "sun, moon, and planets" might be understood in their relations to each other and to the earth. It is pretty generally admitted that spectacles were invented by Roger Bacon, the monk, commonly called "Friar Bacon," who was born in 1214, while the precise date of his invention is not positively known. Most writers have agreed that it was prior to 1285. Almost the only writer of the present day who disputes Friar Bacon's claim to the invention is Dr. Colange; and he allows that spectacles were invented about 1285, though he thinks the credit due to Alexander de Spina, a Florentine monk. Enough is positively known to establish the date of their invention at an earlier period than "within less than a quarter of a century." Maurolycus, of Messina, made the science of optics a special study; and in his treatise on refracted light, published in 1554, we find the explanation of the real cause of near and far sight fully set forth. Maurolycus was thor-

oughly acquainted with the refractive powers of spherical lenses, as well as the means of correcting long and short sight; so that this author and not Kepler—who wrote in 1601 and 1604 on the subject—is really entitled to be called the discoverer of short sight—myopia. J. Baptista Porta, who lived about the same time with Maurolycus, is famous for having invented the camera obscura, and for his numerous essays on optics, in some of which he compared the eye to the camera obscura. Kepler, taking advantage of these great discoveries, was enabled to trace the formation of images in the eye to the retina, but not until 1668 was it known that the optic disk takes no part in the act of vision. Mariotte communicated his discovery of the insensibility of the optic disk to light to the Philosophical Society in that year.*

Augustæ Vindelicorum published, in 1611, a clear, concise, and very complete system of "Physiological Dioptrics," in which the necessity of change of form in accommodation is demonstrated. He says, in his *Propositio LXIII.*, "it is not possible that the retina, maintaining the same position in the eye, should receive a defined image both from near and from remote objects." Thus he reasoned out one of the most important facts connected with the act of vision, and showed that near and far-sighted persons both have a limited power of accommodation, and that therefore their vision was defective. He thought, if they had full accommodative power, they could control the refractive state of the eye in the manner, as he supposed, that (emmetropic) persons do. He did not recognize malformation of the eyeball as having even an existence, but thought that the recti muscles, when strongly contracted, so flattened the eye as to diminish its refraction and accommodate it for viewing objects at a distance. Relaxation of these muscles, he thought, had the effect to increase the refractive power so as to accommodate for very near objects. This was the prevalent opinion as to

* Philosophical Transactions, vol. iii, page 668.

the nature of the changes of the dioptric system in accommodation until 1801. Thomas Young* demonstrated the fact that the power of accommodation is due to a change of form in the crystalline lens. This discovery of Young's was not very generally accepted until after the invention of the ophthalmoscope in 1851; because physiologists were unable to explain how a change in the form of the crystalline could take place. The science of entoptics, by means of which the nature and situation of *muscæ volitantes* has been clearly defined, was first taught by a Jesuit priest, Father Dechales,† who, being myopic, saw his entoptic spectrum "in the circle of diffusion of remote points of light, and fully comprehended and explained what he saw." He showed, in a clear and concise manner, that *muscæ volitantes* observed in ordinary vision depend upon corpuscles situated very near the retina, or upon a morbid condition of minute portions of the retinal tissue.

In the posthumous works of Hooke (1705) the physiological importance of a fixed visual angle is for the first time clearly set forth. He was the first to suggest the importance of a fixed angle by which to establish the true test of the acuity of vision, and actually tested in this way the visual power, separately, of one hundred persons. This is what led afterward to the invention of test-types. Snellen has adopted Hooke's idea, and made his test-letters of cubes, representing the exact angle of five minutes for the varying distances at which the different-sized letters are expected to be seen. For instance, No. 1 at twelve inches of the Paris scale, No. 2 at two feet, and so on. Helmholtz devised a test by means of wires varying in thickness, somewhat after the idea of Young's optometer; some of the wires so small as to be seen at one foot distance only, and so on, gradually increasing in size according to the distance at which he desired to test

* Philosophical Transactions, vol. xcii, page 23.

† *Cursus s. Mundus Mathematicus*, Lugduni, 1690.

the individual's vision; and at the same time he calculated the angle by the size of the space between the wires. Graefe improved this somewhat, and constructed an optometer composed of a "small square steel frame, across which a number of delicate parallel, vertical wires are stretched. This frame may be attached to a brass rod (graduated in inches and feet) upon which it is movable, or it may be fastened to a graduated tape." This was never very generally adopted.

Just here, before dismissing the subject of test-types, we would mention that those now in almost universal use were devised by Snellen, a Dutchman, of Utrecht. (It is important to note that he is not a German.) Porterfield, in a treatise on the eye, published in Edinburgh in 1759, established the connection between convergence of the visual lines and accommodation, and described in a masterly manner the condition now known as asthenopia. Buffon, in 1743, in the Academy of Sciences, Paris, explained squint on the principles of anomalous refraction, and made known the fact that the refraction of the two eyes in squinting persons differs; thus showing why one eye should be excluded from binocular vision rather than the other. In a "Complete System of Optics," published in 1738, Dr. Robert Smith showed on scientific principles the necessity of taking into account the *range of accommodation* in the adjustment of glasses to defective eyes; *i. e.*, for the correction of near and far sight. Janin, of Paris, in 1772, first described hypermetropia, which was afterward more fully elucidated by Wells (1811) and James Ware (1812). Thomas Young discovered *regular astigmatism*, and the means of relieving it by the use of a spherico-cylindrical lens (1793); and the Royal Astronomer, Airy, discovered *compound irregular astigmatism*, and the means of its relief (1827). We find the late president of the Royal Academy, Benjamin West, Esq., an American painter, wearing "divided glasses for many years before his death" (1820); "the upper half of the glasses was thirty inches focus, the lower half twelve. When he was

about ninety years old he had the lower half of only eight inches focus, in order that he could thereby see to read."* In 1830 McKenzie says† that "preternatural elongation of the eyeball is an efficient cause of myopia, and has even been regarded by some as the only admissible cause." Donders, in speaking of this, says "he does not know who these *some* are." It is also known that Scarpa (1801) described two cases of posterior staphyloma.

We believe we have thus shown that all the matters treated of by Dr. Fenner were known to the profession more than "a quarter of a century ago;" and that the Germans had nothing to do with their discovery, except in the single instance of the ophthalmoscope, by Helmholtz, in 1851.

D. S. R.

The Microscope and Microscopical Technology. A Text-book for Physicians and Students. By Dr. HEINRICH FREY, of Zunch, Switzerland. Translated from the German by Geo. R. Cutter, M. D. New York: William Wood & Co. 1872.

The microscope and its revelations has been the subject of many a volume. There are books devoted to its consideration, small and great, carefully prepared and hastily thrown together; some that are cumbered with a mass of rubbish and dry details, in which it is difficult to find a single practical fact, and others that are readable and lead the student into the direct path of information most desired. In these days of the railroad and telegraph, when all is flurry, we can not afford to delve through such immense magazines as Hassal, Quekett, Beale, and Stricker to find the single grain of wheat; but in our necessarily hurried researches we anxiously look for something plain and practical. The book under review is a treasure in the latter regard.

As a text-book, Dr. Frey's is a safe, practical guide to the beginner, as well as to the adult, in that branch of our art

* Dr. W. Kitchener. † Treatise on the Diseases of the Eye, page 718.

of which he treats. It is all that could be desired. We see nothing in it of German transcendentalism, of straining on theoretical points, and undue magnifying of little things; but every thing is calculated to inspire the reader with a love for microscopy, and with a sense of its importance. To those who are so unfortunate as to be without a scientific education the remarks on the principles of optics as applied to the microscope will be found most opportune and valuable. Ignorance of these principles often leads to bungling in the management of the instrument, and eventually to its abandonment in disgust. This is effectually done away with by a lucid explanation on the part of the author.

The work is divided into sections conveniently arranged. Commencing with the theory of the microscope, it closes with sections on the microscopy of the various tissues in the physiological state. There are also parts devoted to a description of the different kinds of microscopes now in use, to chemical reagents, to the injection of specimens, to the mode of mounting, etc. In all these departments of the subject the author is full, clear, and eminently practical. We have rarely seen a work where one can find so much to assist him in his studies. The use of the microscope is indispensable to the conscientious physician. With such a guide as Frey's text-book there can be no excuse for ignorance of so important a branch of our science.

The work is profusely illustrated, there being three hundred and forty-three well-executed engravings. The translator, Dr. Cutter, has done his part well. Translations are very often obscure, for the reason that the meaning of the author in the original text is not fully understood. We find very few such defects in the work before us.

The publishers deserve great credit for the magnificent style in which they have dressed this edition. It is a fine, large octavo, beautifully bound, in plain, bold type, and on elegant, heavy paper.

C. R.

Clinic of the Month.

EXCERPTA FROM GERMAN PHARMACEUTIC JOURNALS by Mr. C. Lewis Diehl, Professor of Theory and Practice of Pharmacy in the Louisville College of Pharmacy.

Carbolic acid—Otto Facilides resorts to glycerine for the liquefaction of carbolic acid. Ten per cent. of glycerine is added to the pure crystallized acid, which is then melted by gentle heat and mixed by agitation. Carbolic acid so liquefied will not again congeal at ordinary temperatures, and is regarded as preferable to acid liquefied by the addition of a small percentage of water, alcohol, or ether.

Storax—For external uses the storax should, according to Otto Facilides, be mixed with an equal volume of oil (sweet-oil, oil of sweet almonds, etc.), and after gently heating strained. In this form it is especially recommended in the treatment of scabies in adults. For children the author recommends that its effects should be modified by mixing the storax as above diluted with an equal volume of a mixture of one part boiled yelk of egg and one part glycerinum amyllum.

Adhesive plaster—According to the same author, adhesive plaster, which has become brittle by age and has lost its adhesive qualities, may be rendered adhesive again by coating it with oil of turpentine by means of a sponge, and leaving it exposed for a day.

Maschi—By this name is known a terrible poison used by the Serekongs (natives of British Guiana). According to K. F. Appun, it is prepared from the tubers of *arum venenatum* W., by drying them in the sun, powdering, and press-

ing into quills. The tuber is so virulently poisonous that by merely touching it a violent burning sensation and severe cutaneous eruption results. According to the dose given, the person may live for months, or he may die in a few hours, suffering terribly. It is administered with food and drink, or by applying it to the lips of the object while sleeping.

Sponges—That have been used are best cleaned, according to Bouchardat, by immersion into a four-per-cent. solution of permanganate of potassium, subsequent immersion in a solution of one part sulphurous acid in three parts of water, and final washing in pure water. Sponges so treated resume their original color and softness.

Pills for tape-worm—Peschier's pills for tape-worm are prepared by forming a pill mass with 1.6 gramme ext. filicis aeth. and 1.6 gramme pulv. rhizom. filicis, dividing the mass into twenty pills, and rolling them in lycopodium. Dose, ten in the morning and ten at night; following the last dose with a clysma of two grammes ext. filicis emulsionized with fifteen grammes gum arabic and sufficient water.

Opium—In view of the fact that the poppy as it ripens gradually loses its morphine, so that when perfectly ripe no morphine, or but a trace of it, remains, O. Hesse arrives at the conclusion that the substances (active?) found in opium are not originally contained in the juice, but are formed during its collection, etc. He agrees with Eatwell, who has experimented with the fresh poppy-juice, that the morphia strength of the juice is increased subsequent to its collection when carefully manipulated, while careless treatment will have the reverse effect.

Propylamina, which has latterly fallen into almost entire disuse, is, according to Namias, of sufficient value in the treatment of disease to merit extensive application. In the treatment of various forms of rheumatism the author has found it uniformly reliable. He also finds it remarkably active in reducing the action of the heart, regards it superior

to digitalis, and preferable, if for no other reason, on account of its comparative harmlessness. Its action upon the urinary secretions is similar to that of digitalis.

Cod-liver oil—According to Duguesnel, the addition of tincture of eucalyptus globulus, in the proportion of one or two per cent., has the effect of disguising the taste of cod-liver oil to a marked extent, renders it more easily digested, and removes the inclination to eruption so frequently observed when pure cod-liver oil is taken. Owing to the extreme volatility of the aromatic constituents of the tincture, the mixture must be kept in well-stoppered bottles.

Unguentum ophthalmicum rubrum—According to Ullsberger, unsalted butter is the best excipient for hydrarg. oxid. rubr. for eye salves. The butter for this purpose is mixed with pure hot water in a glass vessel, the oily fat separating is removed and mixed with one fourth its weight of white wax. The ointment must be prepared extempore.

Quinia—The bitterness of sulphate of quinia is, according to H. Hager, disguised to a great extent by employing the following mixture: one part sulphate of quinia, one hundred parts of cold coffee, thirty to fifty parts of chloroformed syrup.

Chloroformed syrup is prepared by mixing five parts of chloroform, thirty parts of alcohol, and four hundred and fifty parts of simple syrup.

Lactucarium and thridacium—L. Buttin has made the following comparative examinations of French lactucarium (from lactuca sativa), of German lactucarium (from lactuca vivora), and of thridacium (obtained by expression and evaporation of the juice of lactuca sativa):

One hundred parts.	German Lactucarium.	French Lactucarium.	Thridacium.
Ashes,	10.63	7.50	33.90
Soluble in alcohol, 80 per cent.,	46.66	46.85	39.50
Soluble in water,	48.83	21.42	complete.

The difference in the solubility in water of the two varieties

of lactucarium and the large quantity of ashes of the thridium are noteworthy.

Leeches—Dr. E. Enders finds that leeches keep perfectly well in water containing water-plants, the latter serving the purpose of purifying the water by absorbing the ammonia produced from the mucus of the leeches. Ordinarily the water has to be changed every two weeks only, and in winter every three weeks will suffice. Dr. H. Ludwig suggests that when so kept it is necessary to keep them exposed to diffused daylight, and not in the dark, as is usual.

PROPHYLACTIC TREATMENT OF SCROFULOUS GLANDS.—In the Medical Times and Gazette is contained an abstract of a paper (Practitioner) by Hueter, of Greifswald, published in the *Klinische Vorträge* of Volkmann. In this Prof. Hueter maintains that a scrofulous individual is one who is liable to a repetition of ordinary inflammatory processes, which at the same time tend to spread locally and to be indefinitely protracted in their course. He would refer these liabilities entirely to a peculiar anatomical condition of the skin and mucous surfaces, and of the lymphatic system, frequently and familiarly expressed by a delicate or pasty appearance, especially in children. There is, he contends, no specific scrofulous poison. The culminating point of scrofulosis is when the enlarged glands in the neighborhood of the superficial inflammation become cheesy. Scrofula now becomes dangerous to life by presenting a source of tubercular infection. Hueter goes on to say that the resolution of a caseous gland is very rare. More commonly the gland becomes the seat of subacute suppuration, ending, as a rule, in the evacuation of a cheesy matter and the formation of a fistula. But instead of this protracted course there may be the rapid and certainly fatal termination first mentioned. Either before or after the opening of the abscess fever, with dyspnoea or head symptoms, may suddenly inform us that the scrofulous patient

has become tubercular and is dying. The tubercles have been developed from granular particles which have entered the circulation from the caseous gland through the lymphatic paths opened by the suppuration, and have become impacted in the capillaries or *saftcanälchen* of the lung or brain, or some other part of the body. The practical conclusions which Hueter draws from such considerations as the preceding are, that, besides treating the scrofulous habit and the local inflammation, we are bound to do more to those glandular sources of infection than has hitherto been attempted. If they do not resolve with general treatment—as we should give them a chance of doing when they are small—and if iodine injection (which may be tried in some cases) has failed, then we must use iron, “not in solution, but in the shape of a scalpel.” The enlarged gland is to be excised. The operation is not difficult; the gland is easily enucleated when once its surface is freed. Hueter never had severe hemorrhage, never lost a patient out of many, and declares that recovery is speedy. The most urgent indication for excision is the advent of suppuration. Should the abscess have formed it must be freely opened, after which, if a fistula remains, the gland must be extirpated. The arguments in favor of the removal of scrofulous glands apply with equal force to the speedy operation in orchitis, fistula in ano, etc., in which cases also Hueter would recommend cauterization after section. As for the glands of the mesentery and bronchi, and the foci of scrofulous pneumonia in the chest, they are beyond the reach of the surgeon, and must remain, it is to be feared, as a constantly threatening source of general tuberculous infection.

ARSENICAL MUCILAGE IN CANCER.—Dr. Alex. Marsden (“A New and Successful Mode of Treating Cancer”) says of this mode of treating cancer:

“The arsenical-mucilage mode of treatment is applicable to all forms of cancer, except the cystic or colloid, provided

they have not exceeded certain limits—viz., four square inches—and then not more than a fourth must be attacked at once. When a cancer has exceeded this limit I know of no means that ought to be used to extirpate it but the knife; and it must not be supposed, because I so strongly recommend the arsenical mucilage, that I would discard the use of this instrument altogether, for in some cases it is our only hope. The paste may be applied to cancers situated on any part of the body except inside the mouth or nose—parts, in fact, where the use of the curative agent would be dangerous. I do not recommend its use when the disease is deeply seated, but for many cancers on or near the surface this mucilage is the least painful and most certain remedy I know. During the last seventeen years I have fully tried every known caustic, and now firmly believe that this is the best.

“The mode I adopt is as follows. A thick paste of arsenic is made according to the following formula:

R. Arsenious acid, ʒ ij;
Mucilage of gum acacia, . . ʒ j.

To be well mixed together, and made into a thick paste.

The patient's health having been attended to, the whole of the cancerous surface is to be spread over with this paste, provided it is not more than a square inch, and it must be sufficiently thick not to run. A piece of dry lint is then pressed on to it, overlapping the paste half an inch all round. This must be left for a short period—say ten minutes—by which time any superabundant paste will have been taken up by the extra lint, which is then to be carefully cut away with a sharp pair of scissors. In an hour, or at most two, the lint covering the paste will have become dry and hard, and it will adhere closely and firmly to the cancer. In the course of twenty-four hours the surrounding parts will commence to swell, become red, and to a certain extent inflamed, and the patient will experience a drawing pain. In general

this is by no means severe, and does not last more than one or two days. At the expiration of from forty-eight hours to three days, according to circumstances, bread-and-water poultices are to be constantly applied and changed every two or three hours. The pain, redness, and swelling will by this time have subsided, and a distinct line of demarkation be seen extending entirely around the cancerous mass; the skin ulcerates and a fissure is formed, separating the slough from the healthy tissues; the fissure continues to deepen until the entire cancer comes away, leaving a healthy cup-like depression, varying in size and depth according to the mass removed. Healthy granulation will now commence, and it will be well to continue the poultices for some time; indeed it often happens that no other application need be used. Of course we must be guided by circumstances; for granulation proceeding too rapidly, too slowly, or in any abnormal manner, must be treated according to the known rules of surgery. Great diversity will be found as to the time of the slough coming away. In cases of small extent, and not extending deeply into the tissues, the periods will vary from six to fifteen days, but in those of greater size from twelve to thirty. In some instances only one application of the paste will be necessary, but it will in general be found advisable to apply it every second or third morning till the desired effect is produced. No rules can be laid down as to how often this must be done; the experience of the surgeon and the progress made must decide. When it is intended to re-apply the paste, the former piece of lint must be carefully soaked for some time with warm (not hot) water, and after it has come away the mucilage be used as before; recollecting that until the last application that is intended has been made poultices as a *rule* are not to be used unless under special circumstances, and that after a decided line of demarkation has been formed no more paste is to be applied. In general it will be found that after the slough has come away the whole of the disease has

been removed; but sometimes this will not be the case, and then the mucilage must again be had recourse to; in others it will be found desirable to remove a portion of the dead cancer before another application of the paste. This, however, is only necessary when the cancer becomes hard and callous, and will not allow it to penetrate. I have also used this remedy in some cases after operation by other means.

"One of the most pleasing and wonderful phenomenon connected with the mucilage is the extraordinary power of election it appears to possess; for if put on with only ordinary care the cancer alone is attacked, the healthy structures remaining untouched, and the disease ultimately rolling out of a perfectly healthy wound.

"This treatment I have used with equal success in cancer on the lip, face, head, arm, hand, abdomen, breast, penis, testicle, labium, scrotum, and foot. I have never seen any bad results from its use except in one case, and in this the evil was temporary only. At the same time I must caution those who are inexperienced in its use that it is a dangerous remedy in unskillful hands, and requires constant watching. Neither can it be used, as I before stated, to cancerous surfaces of greater extent than four square inches, and then only a small portion must be attacked.

"Many cases of scirrhus and medullary cancer are amenable to this treatment, particularly at an early stage, but to the epithelial it is peculiarly adapted. It is true that this form of cancer is frequently found to attack the tongue, and that except in the earlier stages of the disease carcinoma of this organ presents to the surgeon a truly difficult task; but on other parts of the body we have this variety under very great control. I may say that a patient suffering from epithelial cancer, coming under treatment at any thing like a reasonable time from the first attack, may, in nine cases out of ten, feel sure of a perfect restoration to health."

HYPODERMIC ATROPIA IN CHOLERA.—The following, from Dr. R. Saunders, of Paducah, Ky., a practitioner of age and very great experience, though not written for publication, will, we are sure, make very interesting reading just now to physicians who are dealing with or anticipating the approach of cholera:

"In the recent outbreak of cholera in Paducah I treated a number of cases by sulphate of atropia hypodermically—one fiftieth to one thirtieth of a grain in water—with the happiest results. The more distressing symptoms—vomiting, purging, and cramps—were relieved almost at once, followed by refreshing sleep, continuing in some cases for several hours. I found these effects, however, to follow only when the atropia was used in sufficient quantities to produce the specific scarlatinal rash, dry throat, and dilatation of the pupils. In some cases the relief afforded was astonishing; the skin grew warm, the pulse rose, the surface, previously clammy and shriveled, assumed its natural condition, and in some instances the patient slept soundly for ten or twelve hours, the bowels remaining undisturbed during the entire time. Of course you will not understand me as advocating the exhibition of the atropia to the exclusion of all other means, especially the use of calomel, to which I attach much importance. In the first case in which I gave the atropia I combined it with morphia (one fortieth grain of atrop. sulph. to one sixth grain morph. sulph.), and I think the combination is better perhaps than the atropia alone."

PROPYLAMINE.—Propylamine has of late been much recommended as a remedy for acute rheumatism. It has a most horrible taste, and in any but the most minute doses is liable to produce severe gastralgia. Being so irritating, it is not very suitable for subcutaneous injection. Propylamine was discovered by Wertheim in 1850. It can be obtained artificially by acting on the iodide of propylene with ammonia;

naturally, by extracting it from those substances which contain it. It is met with in the flowers of *Cratægus oxyantha*, in the fruits of *Sorbus aucuparia*, in the *Chenopodium vulgare*, and in the ergot of rye, etc.; but it exists in greatest abundance in herring brine, where it is combined with an acid, from which it may be separated by distillation with potass. It is a colorless, transparent liquid, with a strong ammoniacal odor, soluble in water, and presenting even in weak solutions a strong alkaline reaction. It combines with acids to form crystallizable salts, and, like ammonia, produces dense fumes when brought into contact with the vapor of hydrochloric acid. Dr. Aweuarius, of St. Petersburg, was the first who employed propylamine in the treatment of acute rheumatism. In the two years from 1854 to 1856 he treated successfully two hundred and fifty patients suffering from acute and chronic rheumatism. He avers that all pain and fever had in every case disappeared the day after employing the remedy. More recent experiences have not confirmed this wonderful success, still some believe it to be highly useful. The dose is one to two minims three or four times a day; and the taste is said to be most successfully disguised by oil of peppermint. (Edinburgh Medical Journal.)

CALABAR BEAN IN CONSTIPATION.—M. V. Subbotin recommends (*ibid.*) in cases of constipation the following formula:

R. Ext. physostigmæ ven., . . . gr. iij;
Glycyriinæ, f. 3 ij.
M. S. Four drops four times daily.

Notes and Queries.

DELIVERY OF THE HEAD IN BREECH PRESENTATION.—Dr. Hannibal Landon, of Ligonier, Ind., in a very interesting communication addressed the editors of the American Practitioner, advises the following practice in the delivery of the head in breech presentations, and states that he has proved its value in numerous cases.

"Breech presentations occur once in sixty times, and the mortality to children is about one in three and a half. The dangers to the child are from compression of the cord, detachment of placenta, inertia of the uterus after the body is born, etc. The remedy is *rapid* delivery. But you may not have the advised forceps at hand; you have, however, your fingers, which can be more promptly and successfully used than any instruments. This is the method of proceeding. The infant's body is delivered with its back superior, the patient lying upon her back. First draw the cord down a little way; then, if the head has passed the superior strait, the face is in the hollow of the sacrum; if not, bring it down, according to the usual rules, as rapidly as possible. Then introduce the index-finger of one hand into the mouth of the child, drawing the chin down, at the same time with the fingers of the other hand push the occiput up, thus securing perfect flexion. This accomplished, the face of the child will present at the vulva; and immediately withdraw the finger from the infant's mouth, and pass two fingers into the rectum of the patient, and you readily reach the vertex and use these fingers as a lever, lifting *upward* and *outward*, while a similar movement is communicated to the body of the child with the

other hand placed below it. If you are on the patient's right side, your index and middle fingers of the right hand will be against the vertex of the child; if upon your left, those of your left hand. If unfortunately you have failed to deliver the body with the back superior, and you have the face toward the pubes, the same general steps are necessary, save that the finger of your right or left hand, as the case may be, should be *kept* in the child's mouth while the upward and outward movement is made with the fingers on the vertex. This method of delivery is applicable to all cases where the body of the child is born first. By it the head can be delivered in less time than required for the application of forceps, and it is much safer for the mother at least. Experience makes me confident of the superiority of this method. Pursuing it, I have never lost a child in breech presentation or in podalic version."

T. P.

DIFFICULT LABOR FROM HYDROCEPHALUS.—We are indebted to Dr. S. C. Rodgers, of Concord, Tenn., for the report of this case. The patient, twenty-six years of age, was taken in labor when in the eighth month of her fifth pregnancy. The midwife who was in attendance failing to deliver, Dr. Rodgers was sent for, who found a breech presentation, the body having been born for five hours, the child of course dead, and the delay in the delivery of the head arising from its being enormously distended from hydrocephalus. "The face of the child was lying in the concavity of the sacrum, and the vertex extended above the symphysis. Delivery of the head was effected with some difficulty. The cranial bones were widely separated, and seemed as if floating in a sac of fluid. With the exception of great nervous prostration, the patient seemed in good condition; but in the night two severe rigors occurred, followed by acute pain in the hypogastric region, great tenderness of the uterus, restlessness, excessive irritability of the stomach, scanty and offensive lochia, icterode

skin, sordes upon the teeth, etc., death closing the scene at the end of three days." The prime value of Dr. R.'s case is that it illustrates most forcibly danger from delay in the second stage of labor.

As to *hydrocephalus in relation to parturition*, Depaul, in a recent lecture upon the subject, states that when the breech presents and the body is born, under the influence of traction to deliver the head, the liquid may pass from the interior of the cranium under the scalp, owing to the separation in the track of the sutures or fontanelles, or fracture of the osseous plates. From that moment all difficulty ceases, and the head is born soft, elongated, and depressible; or the liquid after passing from the cranial cavity may burst through the scalp. A more curious termination is that in which the fluid finds its way into the cellular tissue of the neck and chest; sometimes too it may pass into the pleural cavities. T. P.

LOUISVILLE COLLEGE OF PHARMACY.—This excellent institution enters on its third session under the most favorable auspices. The faculty is composed of men of experience and well-known ability in the branches which they teach, while every name connected with the institution represents a pharmacist of established character. Persons who contemplate following pharmacy as a profession can not do better than to enroll themselves with the coming autumn as students in the Louisville College of Pharmacy.

THE NEW ORLEANS MEDICAL AND SURGICAL JOURNAL.—The publication of this the oldest medical journal in the Southwest will be resumed in July, 1873, under the editorial management of Prof. S. M. Bemiss, M. D. Besides being extensively known to the profession as a writer and teacher of medicine, Prof. Bemiss is also connected with one of the largest and best-managed hospitals in the country, and is associated with colleagues who are active, experienced, and ambitious. With

these excellent advantages the New Orleans Journal can not fail at once to take rank with the more substantial of our medical periodicals. It is to be published on the first day of every alternate month, and each number will contain one hundred and fifty pages of reading-matter. Subscription-price, five dollars. Contributions should be addressed to S. M. Bemiss, M. D., glass-box 2188; and letters on business to James A. Graham, 92 Camp Street, New Orleans.

WINDFALLS FOR DOCTORS.—We are told in "The Romance of Medicine" that the curiosities of medical life and practice are endless. "If we hear very often of medical men doing arduous work for very scanty remuneration, sometimes there is an agreeable obverse of receiving very splendid remuneration for very scanty services. We know of a medical man whose duty it is to take lunch every day at a great castle belonging to a noble lord. The household is immense, and there is just the chance that there may be some case of indisposition demanding attention. He gets some of the best company and best lunches in England, and duly charges a guinea for each attendance. There is a very wealthy man near a great city who can not bear to be left for the night. There is a physician of great ability who drives out of town nightly to sleep at his residence. He is consequently debarred evening society, and if he goes out to dinner he has to leave his friends before wine. He has to charge his patient a thousand a year, and I think he works hard for his money. Sometimes the services are such that money can not repay them. A friend of mine, a young medicus, had a standing engagement of four hundred a year to look after the health of an old lady. She required to be inspected three times a day, and made an exhibition of tongue and pulse. What made matters so aggravating was that she was as strong as a horse, while the doctor was a delicate man. She was so selfish and perverse that he was obliged

to tell her that he would have nothing to do with her case. Similarly, I know the son of a rich man who proposed to pay a clergyman several hundred pounds a year for leave to spend his evenings with him. The parson, however, was obliged to tell his rich friend that he talked such intolerable twaddle that he could not accept his company on any terms that could be named. But the oddest of these arrangements is the following: A medical man has been attending a patient several years, and yet he has never seen his patient. The gentleman firmly believes that he has an esophagus of peculiar construction, and that he is accordingly liable at any moment to be choked. That help may be at hand whenever any sudden emergency may occur, he has a physician in the house night and day. The physician, being human, must needs take his walks abroad, and it becomes necessary to provide a substitute for him two hours a day. Accordingly a doctor attends daily from twelve to two, fills up his time by disposing of an admirable lunch, and finds the gold and silver coin, in their usual happy combination, neatly put by the side of his plate, in tissue-paper. Up to the present date he has never had the pleasure of exchanging words with his interesting patient."

ANÆSTHESIA.—The question of to whom belongs the honor of having first applied anæsthetics to surgical practice is being again agitated. Dr. Marion Sims, Prof. Doremus, Prof. Frank Hamilton, and other celebrities have recently lectured on the subject in Steinway Hall, New York, and all were agreed that the credit of the discovery of anæsthesia as a means of abolishing pain in surgical operations clearly belongs to Dr. Horace Wells. The American Medical Association gave an almost unanimous decision to the same effect in 1870. A select committee was appointed by the United States Senate in 1859 to examine this question; and the Hon. Truman Smith, senator from Connecticut, himself a member of the committee,

prepared a voluminous report containing all the facts in the case which it was possible at that time to collect. A cloud of witnesses was examined, numerous affidavits were obtained, and the evidence carefully and impartially weighed by the senators. Their verdict gave the honor of the discovery to Dr. Wells. It does not appear that any new evidence has since been brought to light. As the report of that committee is not likely to be in the hands of many of our readers, and as it embraces perhaps more facts bearing on the subject than can be found elsewhere, we have ventured to give below an abstract of a review of the work, which was written by Dr. J. J. Speed, of this city, for the Louisville Semi-monthly Medical News, and published in the issue of that periodical for July, 1859.

"That many substances have been long known to possess the power to some extent of modifying the sensibility of the animal organization, enabling it to bear with some composure the frightful pain of amputation and childbirth, as well as the more deliberate torture of rheumatism and toothache, every body understands; but the discovery of an agent which could utterly overwhelm the sensational life, and hold in safety the essential vitality, was reserved for a very late period, and for an earnest, thinking, loving devotee to science and to truth.

"We propose very briefly to look at the claims of Dr. Wells, of Connecticut, to the high praise of first applying an anæsthetic agent to the purposes for which chloroform is now so generally used.

"The mere intellectual conception of the probable existence of such a power is not enough to secure the attention and gratitude of mankind; the fact must be demonstrated, and a sufficient number of persons must know of the demonstration. Upon both these points the book before us is filled to repletion with proofs. To us, possessed as we are of half a dozen agents producing very nearly the same results, it is a matter of no importance which particular one was first used as an anæsthetic—sulphuric ether, nitrous oxide gas, chloric ether, and chloroform are all now known to be available to this end. The nitrous oxide gas is the agent which arrested the attention of Dr. Wells.

"It seems that in December, 1844, a Mr. Cotton delivered, in the city of Hartford, Conn., a course of lectures, during which course he administered to various persons the nitrous oxide gas—or, as it is called, the laughing-gas—one of these persons having injured himself during the exhibition, and while under the influence of the gas 'afterward remarked that he *was not conscious of the injury*, and did not *know* that he had *suffered an injury*.' This was clue enough for the ingenious and philosophic Wells. If this man suffered real injury and felt no pain, why not pull his tooth or amputate his leg without pain under the same influence? Why not, surely? But whose tooth, doctor? Having full faith and a bad tooth, Dr. Wells is himself the first patient the world ever saw under the full influence of a power destined steadily and quietly for all after-time to rob physical pain of half its horror. On the 11th of December, 1844, the first tooth was drawn without pain under the reign of anæsthesia.

"One single satisfactory experiment was enough to encourage the eager prosecution of this new idea; and day after day and month after month did Dr. Wells, assisted by his friend, Dr. Riggs, perform all their painful dental operations by the aid of the nitrous oxide gas. Certificates are numberless as to the safety and completeness of the anæsthesia during 1845-6. It has been suggested more than once that since the glory of the discovery has settled upon others, the presumption is fair that Dr. Wells, though the earliest who thought out the idea, did not readily put it into practice in such sense as to *establish* its truth. The book under notice gives us the sworn depositions of Drs. Riggs, Marcy, Ellsworth, Perry, Braddock, Crofoot, Dodge, and many others, professional associates and neighbors of Wells, all confirming the fact of its use and its safety during a period of two years. To the testimony of these professional men add the names of Goodrich, Burleigh, J. G. Wells, Lee, Haverss, Martin, Slocum, Goodwin, Richardson, Whiting, and Williams, patients, and enough others to fill several pages of this journal; and how is it possible to regard the discovery as a mere conception, unrealized? If testimony can prove any thing, it was more than a conception—it was a true birth, and lived and wrought wonders till in the course of time (naturally enough) another member of the same family came to take its place and perform the same wonders upon a large sphere and with greater readiness and greater safety. In our admiration, however, of the youngest-born and most popular we should not overlook

the fact, important to truth, that Dr. Wells was the very father of the first-born.

"The case of Henry A. Goodale, operated on by Dr. P. W. Ellsworth—amputation of the thigh. 'It was a bad case, and well calculated to test the power of the gas. The operation was entirely successful, and fully equal to any similar operation under the influence of sulphuric ether or chloroform.'

"The case of Mrs. Gabriel—removal of a tumor from the shoulder, by Dr. S. B. Berresford, the operation lasting five or six minutes, and weighing six or seven ounces. 'Quite as successful as any operation so far as destroying sensibility was concerned.'

"The removal of a large scirrhus testicle by Dr. E. E. Marcy, who states by deposition his entire satisfaction with the effects of the gas. These various and painful operations, witnessed by many different persons, professional and lay, are surely sufficient to rebut the pretensions that Dr. Wells did nothing more than conceive the idea of the probable existence of an agent which would so far subdue the sensibility as to permit any of the operations of surgery or dentistry without pain.

"The deposition of one so distinguished as Dr. Valentine Mott, of New York, must have due weight with the profession. He unhesitatingly and fully accords to Dr. Wells 'the credit and honor of the discovery.' Surgeon J. B. Porter, of the United States army, says of anæsthesia, 'I have always believed it to be due to Dr. Horace Wells.'

"Drs. Mignault, Curtis, and Ball, of Boston, witnessed operations under its effects as administered by Dr. Wells, and so state over their proper signatures; and Dr. C. H. Heywood, formerly House Surgeon of the Massachusetts General Hospital, writes 'that to the spirit of Horace Wells belongs the honor of having given to suffering humanity the greatest boon it ever received from science.'

'A careful perusal of the entire work of Hon. Truman Smith has left no doubt on our mind as to the origin of that great idea which has resulted, through the labors of Prof. Simpson, in the inauguration of that almost omnipotent princess, anæsthesia, before whose sway we all bow with thanks and gratitude for so gentle and so beneficent a control.'

"We conclude by stating a few points which are perfectly susceptible of proof, and have been to our mind abundantly proven. That in December, 1844, Mr. Cotton delivered a series of lectures

in the city of Hartford upon Chemistry and Natural Philosophy ; that on the 10th of that month one of his audience, while under the influence of nitrous oxide gas, received physical injuries of which he seemed to be unconscious, and *afterward stated* that of the *injuries he was unconscious* ; that on the succeeding day, the 11th of December, 1844, Dr. Horace Wells had himself placed under the same influence, and had a tooth drawn without evincing pain, and afterward stated that he was unconscious of pain ; that from this day forward he continued for two years to use the nitrous oxide upon all such as were willing to submit to it ; that his associates in dentistry adopted to a greater or less extent the same agent ; that Henry A. Goodale suffered amputation of the thigh at the hands of Dr. Ellsworth ; that Mrs. Nancy Gabriel suffered the removal of a tumor weighing six or seven ounces at the hands of Dr. Berresford ; that Dr. Marcy removed a scirrhus testicle from a youth while under the anæsthetic influence—all without pain, and all during 1844-47. Add to this the testimony of Dr. Mutter, of Philadelphia ; Prof. Abner Jackson, of Trinity College, Connecticut, and Prof. Willard Parker, of New York, confirmatory of the general views here presented, and we are utterly at a loss to see how the name of Horace Wells can fail to be associated with that glory which the world is always ready to accord to the benefactors of humanity."

THE USE OF SICKNESS.—"My old nurse, Mrs. Patrick O'Toole, was a woman of logical mind. I was very sick once, and the doctor left me an atrociously bitter drug, which I rather declined taking. But Mrs. O'Toole carried the day. 'It's the doctor's orders,' cried the good lady; 'and if you don't go by the doctor's orders it aint no use for you to be sick at all.' I swallowed the doctor's scruples as well as my own."

CHOLERA.—This disease has broken out in many parts of our country, and without the usual warning. Heretofore when it has prevailed notice was given of its approach. We have heard of it in all its previous visits as spreading out of India into Russia, then pursuing its march across Europe

until it reached France and England, and thence from some of their ports being brought to our shores. This is the history that has been given of all the outbreaks of the disease on our continent up to this time; but now it seems to have broken out in one of our own cities before invading Western Europe. About two months ago cases of what bore a strong resemblance to malignant cholera, in symptom and termination, were reported in New Orleans. A steamer leaving that city for Cincinnati lost a number of deck-hands or passengers on its way. Not long after it was announced in New Orleans cases of the disease made their appearance at Memphis, and at points on the river below. There was a difference in opinion among physicians as to the character of the malady, but all agreed that it terminated fatally in a few hours when suffered to run on unchecked, and that its subjects died in collapse, having had rice-water discharges and cramps.

The latest accounts from Memphis show that the disease is abating there, but after a month the mortality still exceeded ten a day. Nashville has suffered severely in all former visitations of cholera, and the pestilence in the last few weeks has shown a malignity in that city not exhibited up to this time at any other point in the country. On June 20th seventy-three deaths were reported there from cholera, and the mortality ranged from forty to seventy during the week from the 15th to the 22d. The disease has also appeared at Gallatin, Hartsville, Lebanon, and Murfreesboro, in Tennessee, and at Paducah, Indianapolis, and Cincinnati; but in none of these places has it assumed an epidemic form. After Nashville, Gallatin, on the railroad twenty-six miles from that city, has been most seriously afflicted.

There has been a singular unwillingness among physicians to admit that the disease was cholera wherever it has appeared. The cases were first referred to cholera morbus, and set down to some indiscretion in diet. A few cases have occurred in Louisville, but a general skepticism prevails in the profession

as to their having been cases of genuine cholera. We believe that it is true Asiatic or malignant cholera which is now spreading over the country, and which has been so fatal in a few places. We have no doubt that three or four sporadic cases have originated in Louisville; but a peculiarity of the disease exhibited at most points is that it shows no disposition to become epidemic. No new cases have followed those which more than a fortnight ago terminated in death, after a few hours' illness, in this city.

In Nashville some very noteworthy facts have been brought out by the present epidemic. The disease has been limited to a few localities, and a very large proportion of the victims have been negroes. On one day forty-nine out of seventy-three were colored, and on another forty-eight out of fifty-nine. When the mortality exceeded seventy a day the city proper was comparatively healthy; hardly any citizens had the disease. The infected localities are creek-bottoms, subject to overflow, where the thriftless inhabitants live in crowded, badly-ventilated huts, and drink water from feeble springs or wells excavated in the limestone rock. In Memphis and in Gallatin too the mortality among the colored population has been quite out of proportion to that of the whites.

Physicians, wherever the disease has yet appeared, concur in the statement that it is entirely manageable if cases receive timely treatment. Negroes rarely apply for medical aid before cramps have supervened, when collapse is impending and the condition of things nearly hopeless. At the penitentiary in Nashville ninety of the convicts were reported ill at one time, most of them with cholera, but all in a promising condition.

When cholera is prevailing every case of diarrhea should be treated as the premonitory symptom of the disease. An opiate will generally check it; but if the case is not of the mildest character, we should not be content with simply arresting the evacuations; we should not rest satisfied until we had brought about discharges of another kind by calomel. The

indications of cure appear to us to be to check the watery discharges, keep up the vital powers of the patient, and secure dark, consistent evacuations.

The Atlantic cable brings accounts of cholera in some of the cities of Germany, and there is reason to apprehend that it will become epidemic in Europe during the warm season. Having originated on our continent, we may infer that it has at last become naturalized, and in future may look for it to break out from time to time, as it has done in New Orleans after an incubation of seven years. Its progress during the hot months immediately before us will be watched with intense interest.

TREATMENT OF CHOLERA.—Dr. Melvin Rhorer, of this city, whose letters to the American Practitioner from Vienna will be remembered by our readers, has prepared the following as representing what is known as the "Vienna treatment" of cholera:

"During cholera times an ordinary diarrhea should be treated with great care. The following prescription I saw used with excellent effect:

"R. Decot. salep., ten grains to water, $\bar{3}$ ij;
 Laud. liquidi Sydenhami, . . . gtt. xx;
 Aq. naphth., }
 Syr. diacodii, } $\bar{a}\bar{a}$ $\bar{3}$ ss.
 M. Sig. Table-spoonful every two hours.

"If the diarrhea continues notwithstanding the use of the medicine, give starch clysters—two drachms to half an ounce of starch to one pound of fluid, with ten or fifteen drops tinc. opii—two or three times daily. Strict attention should be paid to diet. Nothing but beef or gruel-soup should be allowed; absolute rest; warm applications to abdomen. This is absolutely necessary. In addition to this the treatment may be aided by strong aromatic teas; mucilaginous drinks made of salep or althæa; rice-water with syrup for slaking

thirst. If after this treatment the disease continues we must have recourse to astringents; say

“R. Argent. nit., gr. j;
 Laud. pur., gtt. vj;
 Acidi tannici, 3 ss;
 Mucil., q. s.
 M. ft. pil. No. xxx. Sig. One pill every hour.

“The suppression of diarrhea in cholera is the thing most desired. Twenty or thirty drops of tinct. opii in six ounces decoc. salep is most active in securing this end, particularly in combination with the clyster. When complicated with vomiting give

“R. Ext. nux vomic. æther, . . gr. iij;
 Tinct. opii, gtt. xx;
 Aq. naphth., 3 ij.

M. Sig. Give ten drops every half hour together with small lumps of ice.

“In the event that this should not be sufficient to secure the desired result, opium with calomel or bismuth often act like a charm. Hypodermic injections of morphia into the linea alba are sometimes indicated in this stage of the disease. Thirst is best overcome by ice-water, pounded ice, Seltzer water, etc., given in small quantities and often repeated. For the cramps friction with flannel, inunction of ext. belladonna, extract opii, and oil of hyoscyamus. Hypodermic injections of morphia in calf of each leg. For the hiccough apply in succession the following: sinapisms, bladders of ice over the region of the stomach, one twentieth grain of sulph. strychn. every two hours, a few drops of chloroform in water or acetic ether on sugar, black coffee, etc. When we have great depression of the mental powers apply ice fomentations over the region of the heart. Where we have from the very beginning excessive vomiting, pulse imperceptible, coldness of the entire body, and cyanosis, an energetic stimulant is

demand; such as musk, gr. iv, or sulph. ether, ʒij; oil of peppermint, gtt. iij.

"In cases of syncope, and for the purpose of bringing about reaction, strong or weak stimulants are indicated, as the case may demand. To the class of remedies here applicable belong camphor, musk, acetic ether, cocoa (the first two named to be used hypodermically); Russian tea and Malaga or Madeira wine may be given to sustain strength. The greatest care should be taken to prevent the return of the diarrhea. We should also be careful to prevent the recurrence of any other depressing symptom. If reaction is not accompanied with any thing more serious than ordinary desquamation of epithelium, astringent drinks, such as lemonade, etc., may be given. Where the urine is secreted in small quantities mild diuretics should be given, such as lemon-juice, tinct. digitalis, drinks of Seltzer and soda-water. If the secretions of the mucous membranes are scanty after reaction is present, the urinary secretions are to be facilitated with care. The application of warm fomentations, frictions with oil juniper, ungt. digitalis, Venice turpentine, or tincture cantharides over the region of the kidneys are sometimes sufficient to meet the indications. The same may be effected by means of injection of one drachm turpentine with yolk of egg and a pint of water. During convalescence supporting remedies are called for. In dyspeptic complications nux vomica, rhubarb, and magnesia stand at the head of the list."

A CASE OF IMPERFORATE ANUS.—Dr. F. B. Morris, of Millville, Ohio, sends the following:

"A girl, seven and a half years old, otherwise healthy, presented an anus closed with skin and fascia about four lines in thickness. A fistulous opening about three lines in diameter, beginning in the rectum above the sphincter ani and ending at a point between the fourchette and fossa navicularis, was the only outlet for the fecal matter which continually

dribbled away, a source of constant annoyance. In May, the child being chloroformed, I passed a grooved director through the fistula into the bowel, and divided the entire tract. I then trimmed the flaps into a somewhat circular shape, cleared out the bowels with my finger and the scoop, pulled the gut down, and carefully attached it by sutures to the raw surfaces of the newly-made anus. In five days after the operation the parts had healed, leaving the patient with complete control over the sphincter, and making the act of defecation as natural as if there had been no deformity."

THE SOUTHWESTERN KENTUCKY MEDICAL ASSOCIATION.—This new but active organization, embracing in its membership a number of the most prominent physicians of the state, held its last meeting in Mayfield in May. Papers were read by Dr. Tauber on "Peri-uterine Cellulitis," Dr. E. B. Richardson on "The Calabar Bean and Atropia in certain Affections of the Eye," Dr. Dismukes on "Metastatic Abscess," and Dr. Thompson on "The Treatment of Syphilis." Besides these there were addresses by Dr. Singleton on "The Divine Philosophy of Medicine;" Dr. Thompson, the retiring president, on "The Mutual Obligations that exist between the Public and the Medical Profession;" Dr. Tauber on "Why should not Women practice Medicine." The officers for the ensuing year are:

President—John L. Dismukes, M. D., of Mayfield; *First Vice-president*—John Anderson, M. D.; *Second Vice-president*—R. T. Hocker, M. D.; *Recording Secretary*—J. W. Singleton, M. D.; *Corresponding Secretary*—B. Tauber, M. D., of Paducah; *Treasurer*—R. Saunders, M. D.; *Librarian*—E. G. Thomas, M. D.

The next regular meeting of the Association will be held in October in Paducah.

ASSOCIATION OF AMERICAN MEDICAL EDITORS.—The fifth annual meeting of this association convened on Monday, the

5th of May, in the Polytechnic Building, St. Louis, at eight o'clock P. M.; Dr. Parvin, the president, in the chair, Dr. N. S. Davis acting as secretary. After the transaction of some business the president delivered the annual address, which has been already presented to our readers. An adjourned meeting was held the next evening at the Southern Hotel, when Dr. W. R. Bowling was elected president for the ensuing year. The subject for the prize of 1872, *Diseases of the Ovaries and their Treatment*, was continued for 1873. The subject for 1874 is in regard to climate in the treatment of pulmonary tuberculosis, in what stages of the disease should changes be made, and what should be the changes; and the committee of award is as follows: Dr. N. S. Davis, Dr. Logan, of Atlanta, and Dr. Toner, of Washington.

BOYLE COUNTY MEDICAL SOCIETY.—At the meeting of this society held in Danville, June 3, 1873, the following resolutions were unanimously passed:

"Whereas, Dr. William Downton, late a member of this society, has been removed from us by the hand of death; and whereas in view of the same it is becoming that some appropriate action should be taken by this society; be it

"Resolved, that in the death of Dr. Downton this society has lost a valued friend and counselor, who, although he had retired from the active duties of the profession he long practiced with honor to himself and to the satisfaction of his patrons, was ever ready by his voice, his example, and his means to aid any effort to advance the interests of the medical profession or its worthy members.

"Resolved, that in his death not only has our profession lost a worthy representative, but the community has lost a public-spirited and enterprising citizen, society a valued member and genial companion, and the church a tried friend and liberal supporter.

A. R. McKEE, . .	} Committee."
R. W. DUNLAP, . .	
JOHN D. JACKSON,)	